

Part A, Permit Process --- Internal Checklist

ID Number MOD000818963 Firm Name McDonnell Douglas Corp - St Louis

Tract 1

Refer to Form No:	Interim Regulatory Requirements	Indicate by your initials:		Valid Prmlg Date?
		Yes	No	
1	T/S/D Facility? (If No, return to respondent.)	✓		
3	Form 1 received?	✓		
1	Form 3 received?	✓		
1 & 3	Postmarked on or before November 19, 1980?	✓		
3	Date of operation entered?	✓		
3	Date of operation on or before November 19, 1980?	✓		
Notif. record	Notifier?	✓		
"	Notified on or before August 18, 1980?	✓		
1	Form 1, XIII B signed?	✓		
3	Form 3, IX B Signed?	✓	✓	

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here:

DEC 17 1980

PHASE TWO

1	Unsure if regulated or non-regulated?		✓
3	New facility?		
1 & 3	Core items missing? If Yes, indicate which items: Facility name___; location___; mail address___; operator info___; certification___; process info___; waste info___; owner___; sigs___.		

PHASE THREE

1 & 3	Non-core items missing? If Yes, indicate which items: Maps___; photos___; drawings___; lat/long___. Other observations and comments:
-------	--

DATE SENT BACK \_\_\_\_\_

DATE RETURNED \_\_\_\_\_



Received Date Stamp
NOV 21 1980
(Stamp forms also)



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII  
P. O. BOX 15606  
KANSAS CITY, MISSOURI - 64106

ACKNOWLEDGEMENT OF APPLICATION FOR A HAZARDOUS WASTE PERMIT

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown in the box below, and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

MOD000818963

EPA I.D. NUMBER

MCDO NNEEL DOUGLAS

FACILITY ADDRESS

**MCDONNELL AIRCRAFT COMPANY**

Box 516, Saint Louis, Missouri 63166 (314) 232-0232

17 November 1980

U. S. Environmental Protection Agency  
Region VII  
P.O. Box 15606  
Kansas City, MO 64106

Attention: Mr. Dennis Degner

REGISTERED MAIL - RETURN RECEIPT

Dear Mr. Degner:

Enclosed you will find completed EPA Forms 3510-1 and 3510-3

If you have any questions, please contact us.

Sincerely yours,

MCDONNELL AIRCRAFT COMPANY



Jerome Patterson, Supervisor  
Environmental Pollution Control  
Department 191C - Building 107

JCP:gs

Enclosure: EPA Forms 3510-1 and 3510-3

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER		
<div style="border: 1px solid black; padding: 5px;"><b>LABEL ITEMS</b> I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION</div>		<b>PLEASE PLACE LABEL IN THIS SPACE</b>		<b>GENERAL INSTRUCTIONS</b>		
				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.		
<b>II. POLLUTANT CHARACTERISTICS</b>						
<b>INSTRUCTIONS:</b> Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.						
<b>SPECIFIC QUESTIONS</b>		<b>MARK 'X'</b>		<b>SPECIFIC QUESTIONS</b>		
		YES	NO	FORM ATTACHED		
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		16	17	18	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		22	23	24	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		28	29	30	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		34	35	36	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		40	41	42	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
<b>III. NAME OF FACILITY</b>						
1 <b>SKIP</b> MCDONNELL DOUGLAS CORP. - ST. LOUIS TRACT I						
<b>IV. FACILITY CONTACT</b>						
<b>A. NAME &amp; TITLE (last, first, &amp; title)</b>			<b>B. PHONE (area code &amp; no.)</b>			
2 PATTERSON JEROME SUPERVISOR			3 1 4 2 3 2 3 3 1 9			
<b>V. FACILITY MAILING ADDRESS</b>						
<b>A. STREET OR P.O. BOX</b>						
3 P.O. BOX 516 DEPT. 191C						
<b>B. CITY OR TOWN</b>			<b>C. STATE</b>	<b>D. ZIP CODE</b>		
4 ST. LOUIS			MO	6 3 1 6 6		
<b>VI. FACILITY LOCATION</b>						
<b>A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</b>						
5 BROWN RD. AT LINDBERGH TRACT I						
<b>B. COUNTY NAME</b>			<b>NOV 21 1980</b>			
ST. LOUIS						
<b>C. CITY OR TOWN</b>			<b>D. STATE</b>	<b>E. ZIP CODE</b>	<b>F. COUNTY CODE (if known)</b>	
6 HAZELWOOD			MO	6 3 1 4 5		

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	3	7	2	1	7	8	9
(specify) AIRCRAFT MFG.				(specify) DATA PROCESSING			
C. THIRD				D. FOURTH			
7	1	9	2	5	7		
(specify) MISSILE AND SPACE CRAFT MFG.				(specify)			

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?	
8 MCDONNELL AIRCRAFT COMPANY															<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)	
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P (specify)															3 1 4 2 3 2 3 3 1 9	
E. STREET OR P.O. BOX																
P.O. BOX 516																
F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND		
B ST. LOUIS										M O		6 3 1 6 6		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U										(specify)									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R										(specify)									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

1. MANUFACTURE OF AIRFRAME AND FINAL ASSEMBLY OF MILITARY AIRCRAFT (MCDONNELL AIRCRAFT COMPANY)
2. PRIVATE AND PUBLIC DATA PROCESSING (MCDONNELL AUTOMATION COMPANY).
3. MANUFACTURE OF MISSILES AND SPACE CRAFT, BOTH COMPONENTS AND FINAL ASSEMBLY (MCDONNELL DOUGLAS ASTRONAUTICS - EASTERN DIVISION).

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Donald Malvern, Executive Vice President McDonnell Aircraft Company		17 Nov 83

COMMENTS FOR OFFICIAL USE ONLY

C.



**CONTINUE ON REVERSE**



**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY									
<div> <div>W</div> <div>M</div> <div>0</div> <div>D</div> <div>0</div> <div>0</div> <div>0</div> <div>8</div> <div>1</div> <div>8</div> <div>9</div> <div>6</div> <div>3</div> <div>1</div> </div>													<div> <div>W</div> <div>DUP</div> <div>2</div> <div>DUP</div> </div>									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																						
LINE NO.	A. EPA HAZARD. WASTENO (enter code)			B. ESTIMATED ANNUAL QUANTITY OF WASTE			C. UNIT OF MEASURE (enter code)	D. PROCESSES														
								1. PROCESS CODES (enter)					2. PROCESS DESCRIPTION (if a code is not entered in D(1))									
1	D	0	0	1	520		T	S	0	1												
2	D	0	0	2													Included with Line 1					
3	D	0	0	3													Included with Line 1					
4	D	0	0	6													Included with Line 1					
5	D	0	0	7													Included with Line 1					
6	F	0	0	1													Included with Line 1					
7	F	0	0	2													Included with Line 1					
8	F	0	0	3													Included with Line 1					
9	F	0	0	5													Included with Line 1					
10	F	0	0	7													Included with Line 1					
11	F	0	0	9													Included with Line 1					
12	F	0	1	1													Included with Line 1					
13	F	0	1	7													Included with Line 1					
14	U	0	1	3													Included with Line 1					
15	U	1	8	8													Included with Line 1					
16	D	0	0	2	1,542		T	S	0	2												
17	D	0	0	3													Included with Line 16					
18	D	0	0	7													Included with Line 16					
19	D	0	0	2	139		T	S	0	2												
20	D	0	0	3													Included with Line 19					
21	D	0	0	2	555		T	S	0	2												
22	D	0	0	3													Included with Line 21					
23	D	0	0	1	150		T	S	0	2												
24	D	0	0	1	7		T	S	0	2												
25	D	0	0	1	3		T	S	0	2												
26	D	0	0	1	34		T	S	0	2												



**IV. DESCRIPTION OF HAZARDOUS WASTE** (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

S	F	M	0	D	0	0	0	8	1	8	9	6	3	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

LONGITUDE (degrees, minutes, &amp; seconds)

3	8	4	5	3	0	0
65	66	67	68	69	70	71

0	9	0	2	2	1	0	0
72	73	74	75	76	77	78	79

**VIII. FACILITY OWNER**

- ☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

C	E	15	16	3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
C	F	17	18	19	20	21	22
23	24	25	26	27	28	29	30

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Donald Malvern

Donald Malvern

17 NOV 80

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Robert D. Singleton

Robert D. Singleton

17 NOVEMBER 1980

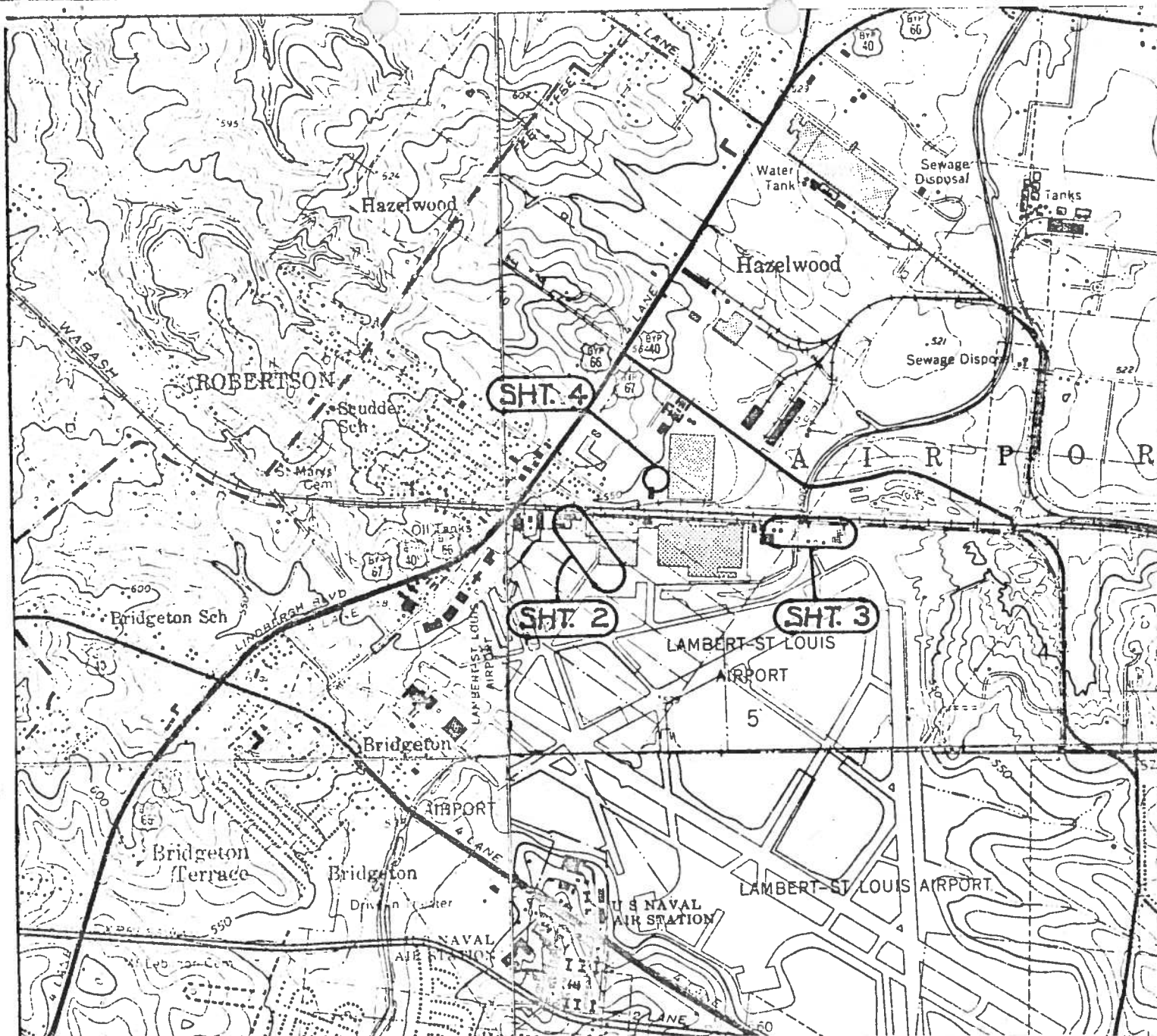
EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY														
W M O D O G O 8 1 8 9 6 3 1													W DUP 2 DUP														
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																											
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)	D. PROCESSES																	
	23	24	25	26	27	28	29	30		1. PROCESS CODES (enter)												2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
1	D	0	0	1	18				T	S	0	2															
2	F	0	0	6	5,728				T	S	0	2															
3	F	0	1	8																							Included with Line 2
4																											
5																											
6																											
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**V. FACILITY DRAWING** (see page 4)

SEE ATTACHED DRAWINGS

SKPE 1280 SHEETS 2, 3, 4



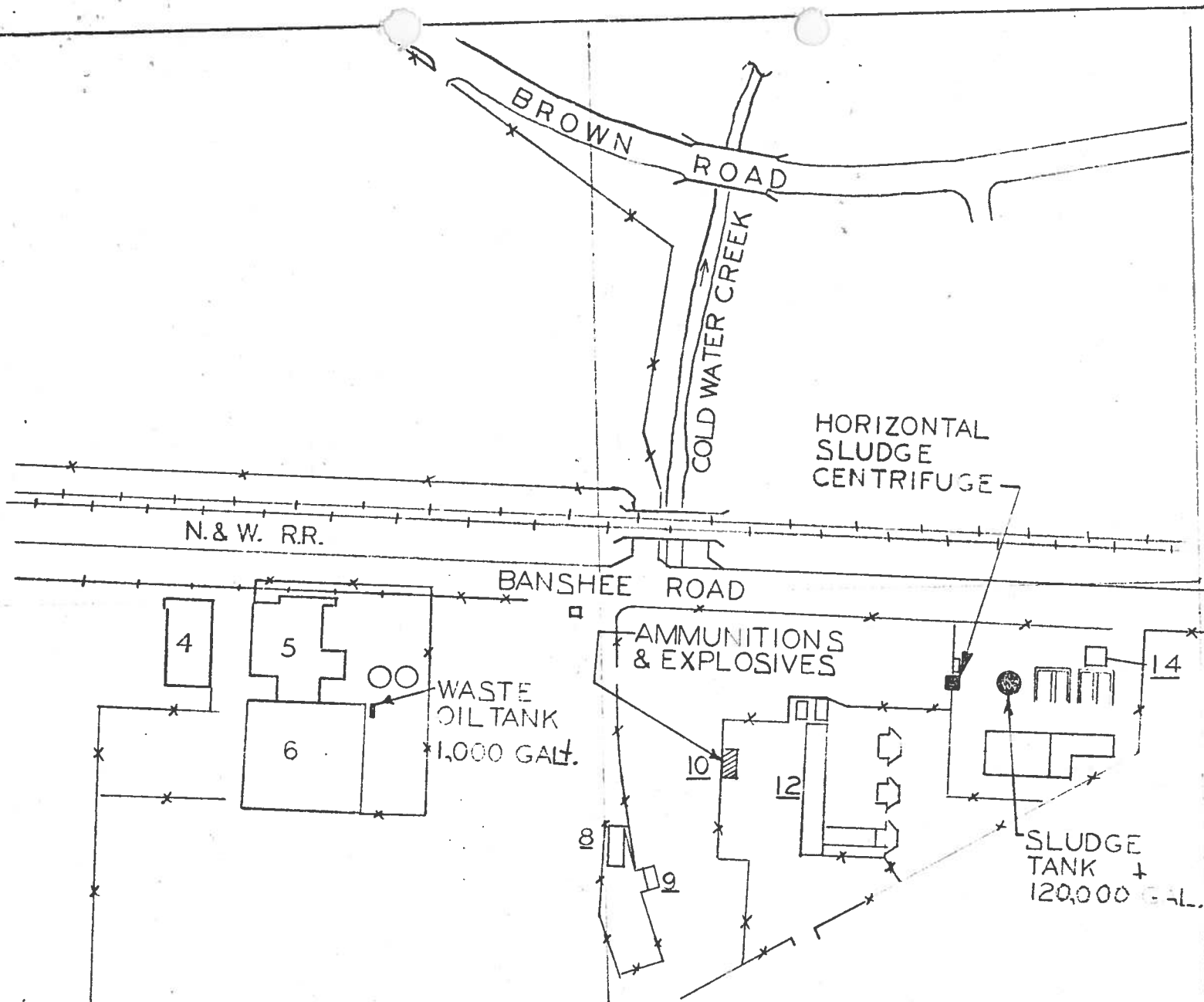
**NOTE:**


MAP REPRODUCED FROM ST. CHARLES, FLORISSANT, CLAYTON,  
& CREVE CEUR, MO. QUADRANGLE OF U.S.G.S. 7.5 MINUTE  
SERIES MAPS. LAT. 38° 45' 30" LONG. 90° 22' 10"

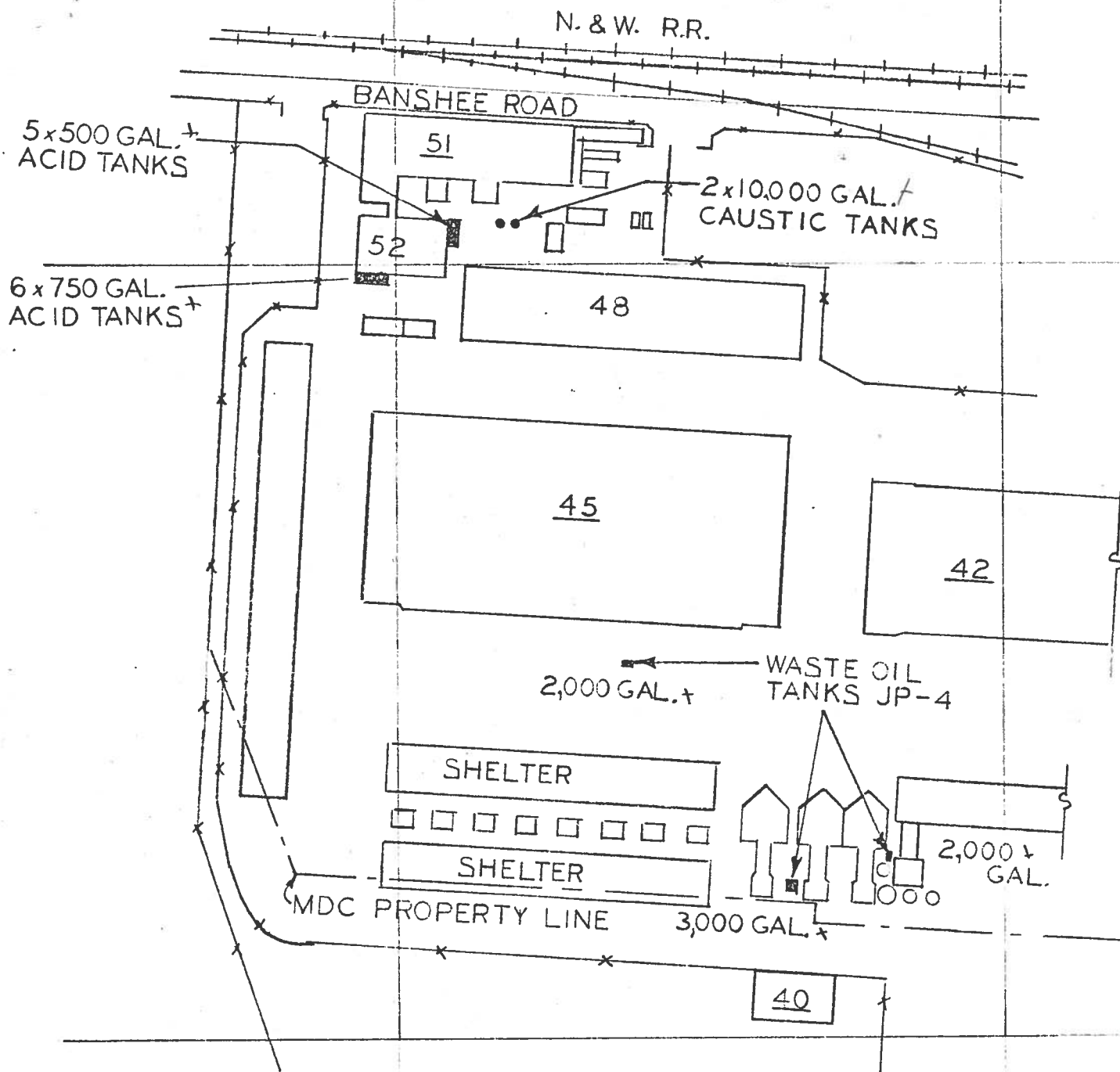



SCALE	1"=2,000'	HAZARDOUS WASTES STORAGE AREAS		P.O. Box 816 Saint Louis, Missouri 63166
DRAWN	DL. H.	11/14/80	MDC ST LOUIS TRACT I	 MCDONNELL DOUGLAS CORPORATION
APPROVED	<i>[Signature]</i>	11/14/80	LOCATION PLAN	
APPROVED			APPROVED FOR CONSTRUCTION	PLANT ENGINEERING
F.O.R.	F.O.		BY _____	SKPE 1280
			DATE _____	SHT. _____



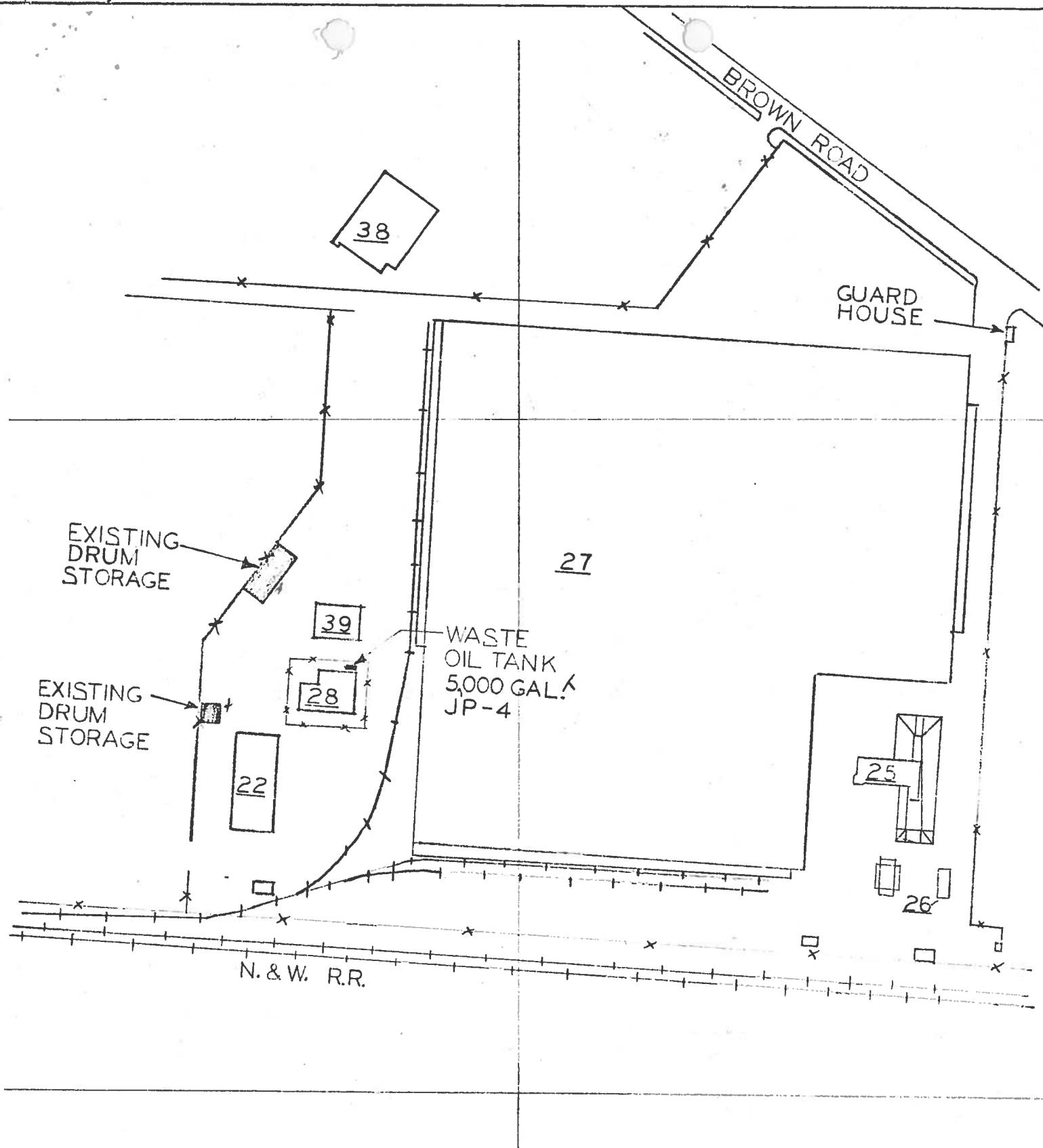


SCALE	1" = 200'	HAZARDOUS WASTE STORAGE AREA M.D.C. BLDG. 6 SITE PLAN	P.O. Box 816 Saint Louis, Missouri 63168
DRAWN	D.L.H. 11/14/50		 <b>MCDONNELL DOUGLAS</b> CORPORATION
APPROVED	<i>J.C. Patton</i> 14 Nov 50		
APPROVED			
F.O.R.	F.O.	BY _____	PLANT ENGINEERING
			SKPF 1280



SCALE	1" = 200'		HAZARDOUS WASTES STORAGE AREA MDC BLDG. 45 SITE PLAN	P.O. Box 618 Saint Louis, Missouri 63166  <b>MCDONNELL DOUGLAS CORPORATION</b>	
DRAWN	D.L.H.	11/14/80			
APPROVED	<i>[Signature]</i> JUN 1981				
APPROVED					
F.O.R.			F.O.	BY _____	PLANT ENGINEERING
			DATE _____	APPROVED FOR CONSTRUCTION	SKPE 1250
					SHT 1 2





SCALE	1" = 200'		HAZARDOUS WASTES STORAGE AREA M.D.C. BLDG. 27 SITE PLAN	P.O. Box 518 Saint Louis, Missouri 63166  <b>MCDONNELL DOUGLAS</b> CORPORATION
DRAWN	D.L.H.	11/14/80		
APPROVED	<i>[Signature]</i>	12/14/80		
APPROVED			APPROVED FOR CONSTRUCTION	PLANT ENGINEERING
F.O.R.	F.O.		BY _____ DATE _____	SKPE 1280









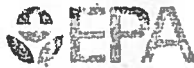


RESPONDENT CONTACT RECORD (RCR)

FACILITY ID NUMBER M 0 D 0 0 0 8 1 8 9 6 3		COMPANY NAME McDonnell Douglas Corp	
COMPANY ADDRESS Brown Rd. at Lindbergh Tract 1		CITY St. Louis	STATE ABBREV. ZIP CODE MO 63145
CONTACT PERSON'S NAME/TITLE Charles Johnson		TELEPHONE NUMBER (INCLUDE AREA CODE) 314 232-6616	

CONTACT RECORD

DATE	CONTRACTOR'S INITIALS	ITEMS DISCUSSED/RESOLUTION
1/15	Bj	I talked to Charles Johnson concerning the Banshee Rd MDC Bldg 10 application. He said that Bldg 10 is included in the Tract 1 application. The only reason they submitted two applications is because Charles Johnson is the contact for reactive wastes and Jerome Patterson is the contact for other than reactive wastes.
		Action:
		Include the Banshee Rd application with the tract 1 <del>address</del> application and delete 1 from Part A received count.



## GENERAL INFORMATION

Validated Permits Program  
(Read the "General Instructions" before starting.)

EPA I.D. NUMBER

F 0 D 0 0 0 8 1 8 9 6 3

## GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

PLEASE PLACE LABEL IN THIS SPACE

## II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

## III. NAME OF FACILITY

1 SKIP MCDONNELL DOUGLAS CORP

## IV. FACILITY CONTACT

A. NAME &amp; TITLE (last, first, &amp; title)

B. PHONE (area code &amp; no.)

2 JOHNSON, CHARLES SECTION MANAGE 314 232 6616

## V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 P O BOX 516

B. CITY OR TOWN

C. STATE

D. ZIP CODE

4 ST. LOUIS

MO

63166

## VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 BANSHEE RD. MDC BLDG. 10

B. COUNTY NAME

ST. LOUIS

C. CITY OR TOWN

D. STATE

E. ZIP CODE

F. COUNTY CODE (if known)

6 N A

MO

63166



A. FIRST										B. SECOND									
<div style="display: flex; justify-content: space-between;"> <span>7 3 7 2 1 (specify)</span> <span>7 8 9 3 1 (specify)</span> </div>										<div style="display: flex; justify-content: space-between;"> <span>DATA PROCESSING</span> </div>									
C. THIRD										D. FOURTH									
<div style="display: flex; justify-content: space-between;"> <span>1 9 2 5 (specify)</span> <span>MISSILE &amp; SPACECRAFT MFG.</span> </div>																			

**VIII. OPERATOR INFORMATION**

A. NAME																														B. Is the name listed in Item VIII-A also the owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
MCDONNELL AIRCRAFT CO																																							
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																				D. PHONE (area code & no.)																			
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify)					<div style="display: flex; justify-content: space-between;"> <span>3 1 4</span> <span>2 3 2</span> <span>6 6 1 6</span> </div>														
E. STREET OR P.O. BOX																																							
P O BOX 516																																							
F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND									
ST. LOUIS																				MO					63166					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

**X. EXISTING ENVIRONMENTAL PERMITS**

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
<div style="display: flex; justify-content: space-between;"> <span>9 N</span> </div>															<div style="display: flex; justify-content: space-between;"> <span>9 P</span> </div>														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
<div style="display: flex; justify-content: space-between;"> <span>9 U</span> </div>															<div style="display: flex; justify-content: space-between;"> <span>9</span> </div>														
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
<div style="display: flex; justify-content: space-between;"> <span>9 R</span> </div>															<div style="display: flex; justify-content: space-between;"> <span>9</span> </div>														
															(specify) MDC is submitting another RCRA Part A														
															(specify) Application under separate Cover														

**XI. MAP**

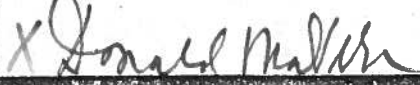
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

**XII. NATURE OF BUSINESS (provide a brief description)**

- 1) Manufacture of airframe and final assembly of military aircraft (McDonnell Aircraft Company)
- 2) Private and public data processing (McDonnell Automation Company)
- 3) Manufacture of missile and space craft, both component and final assembly (McDonnell Douglas Astronautics - Eastern Division)

**XIII. CERTIFICATION (see instructions)**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
Donald Malvern - Exec. Vice President McDonnell Aircraft Co.																																							
COMMENTS FOR OFFICIAL USE ONLY																																							
<div style="display: flex; justify-content: space-between;"> <span>10 10</span> <span>55</span> </div>																																							

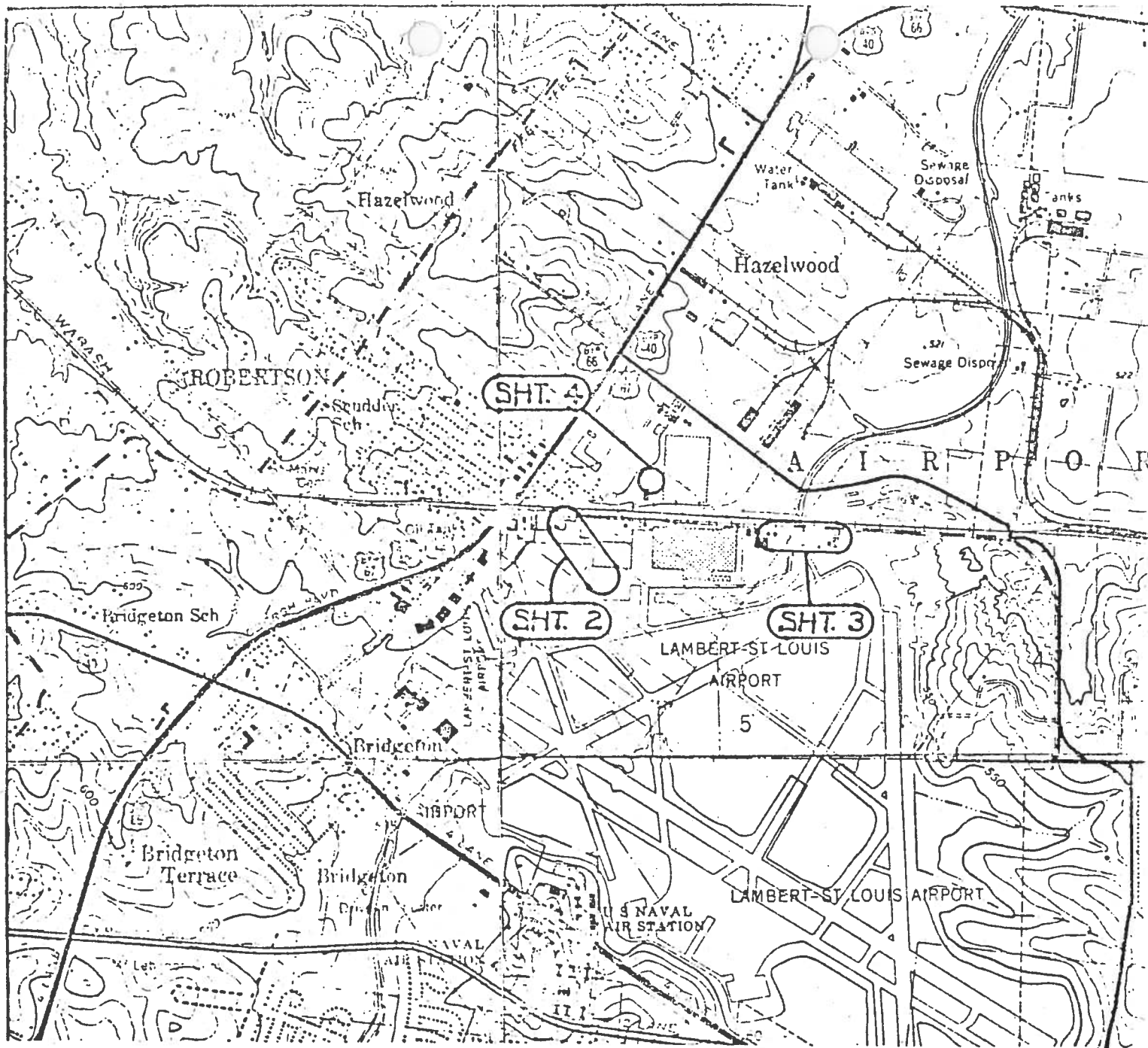


## NOTE:

MAP TRACED FROM FLORISSANT, MO.,  
QUADRANGLE OF U.S.G.S. 7.5 MINUTE  
SERIES MAP AS PHOTOREVISED IN  
1968 & 1974.



SCALE	1" = 2,000'	HAZARDOUS WASTES STORAGE AREAS MDC ST. LOUIS TRACT I LOCATION PLAN	P.O. Box 518 Saint Louis, Missouri 63168
DRAWN	DLH 11/14/80		MCDONNELL DOUGLAS CORPORATION
APPROVED			PLANT ENGINEERING
APPROVED		APPROVED FOR CONSTRUCTION	SKPE 1280
F.O.R.	F.O.	BY _____ DATE _____	SHT. 1



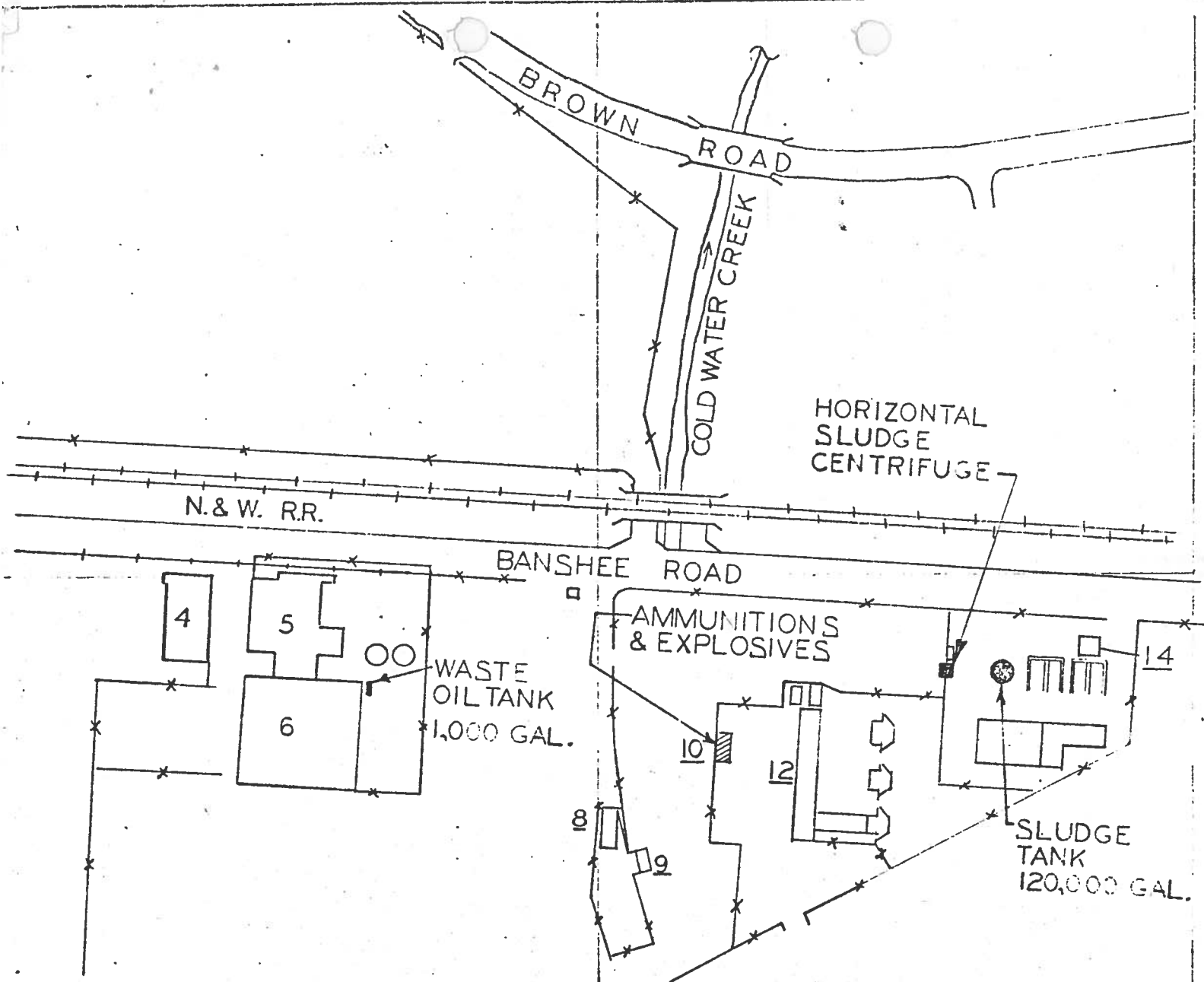
**NOTE:**

MAP REPRODUCED FROM ST. CHARLES, FLORISSANT, CLAYTON,  
& CREVE CEUR, MO. QUADRANGLE OF U.S.G.S. 7.5 MINUTE  
SERIES MAPS. LAT. 38° 45' 30" LONG. 90° 22' 40"



SCALE	1"=2,000'		HAZARDOUS WASTES STORAGE AREAS MDC ST LOUIS TRACT I LOCATION PLAN	P.O. Box 618 Saint Louis, Missouri 63166 <b>MCDONNELL DOUGLAS</b> CORPORATION
DRAWN	DLH	1/4/80		
APPROVED	[Signature]		APPROVED FOR CONSTRUCTION	PLANT ENGINEERING SKPE 1280
APPROVED	[Signature]			
F.O.R.	F.O.		BY _____	
			DATE _____	





SCALE	1" = 200'	HAZARDCUS WASTES STORAGE AREA <del>INDC. BLDG. 6</del> SITE PLAN	P.O. Box 510 Saint Louis, Missouri 63160
DRAWN	D.L.H. 11/14/83		MCDONNELL DOUGLAS CORPORATION
APPROVED		APPROVED FOR CONSTRUCTION	PLANT ENGINEERING
APPROVED		BY _____ DATE _____	SKPE 1280
F.O.R.	F.O.		SHEET 3

FOR OFFICIAL USE ONLY

APPLICATION APPROVED

DATE RECEIVED (yr., mo., & day)

COMMENTS

### II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

☒ A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

Yr. MO. DAY

8 3 06 08

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

☐ 2. NEW FACILITY (Complete item below.)

Yr. MO. DAY

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

### III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS		T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT	T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T04	GALLONS PER HOUR OR LITERS PER HOUR
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C										T/A C										I																																																											
12										13 14 15										16 17 18 19 20 21 22 23 24 25										26 27 28 29 30 31 32 33 34 35																																																	
A. PRO- CESS CODE (from list above)										B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY										A. PRO- CESS CODE (from list above)										B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY																													
1. AMOUNT (specify)										2. UNIT OF MEA- SURE (enter code)										1. AMOUNT										2. UNIT OF MEA- SURE (enter code)										1. AMOUNT										2. UNIT OF MEA- SURE (enter code)										FOR OFFICIAL USE ONLY																			
16 - 18 19										27										28										29 - 32										16 - 18 19										27										28										29 - 32									
X-1 S 0 2										600										G										5																																																	
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#### IV. DESCRIPTION OF HAZARDOUS WASTES

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

##### 1. PROCESS CODES:

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. X-1 X-2 X-3 X-4	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
WM 0 D 0 0 0 8 1 8 9 6 3													W 1 2 DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																		
							1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
1	D	0	0	3	760	P	S	0	1																
2																									
3																									
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EPA I.D. NO. (enter from page 1)

F

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

LONGITUDE (degrees, minutes, &amp; seconds)

38 45 300

090 21 400

## VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

E

12 16

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F

G

12 16

15 15 16

20 41 12

47

51

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Donald Malvern-Exec. Vice  
President McDonnell Aircraft  
Co.

B. SIGNATURE



C. DATE SIGNED

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

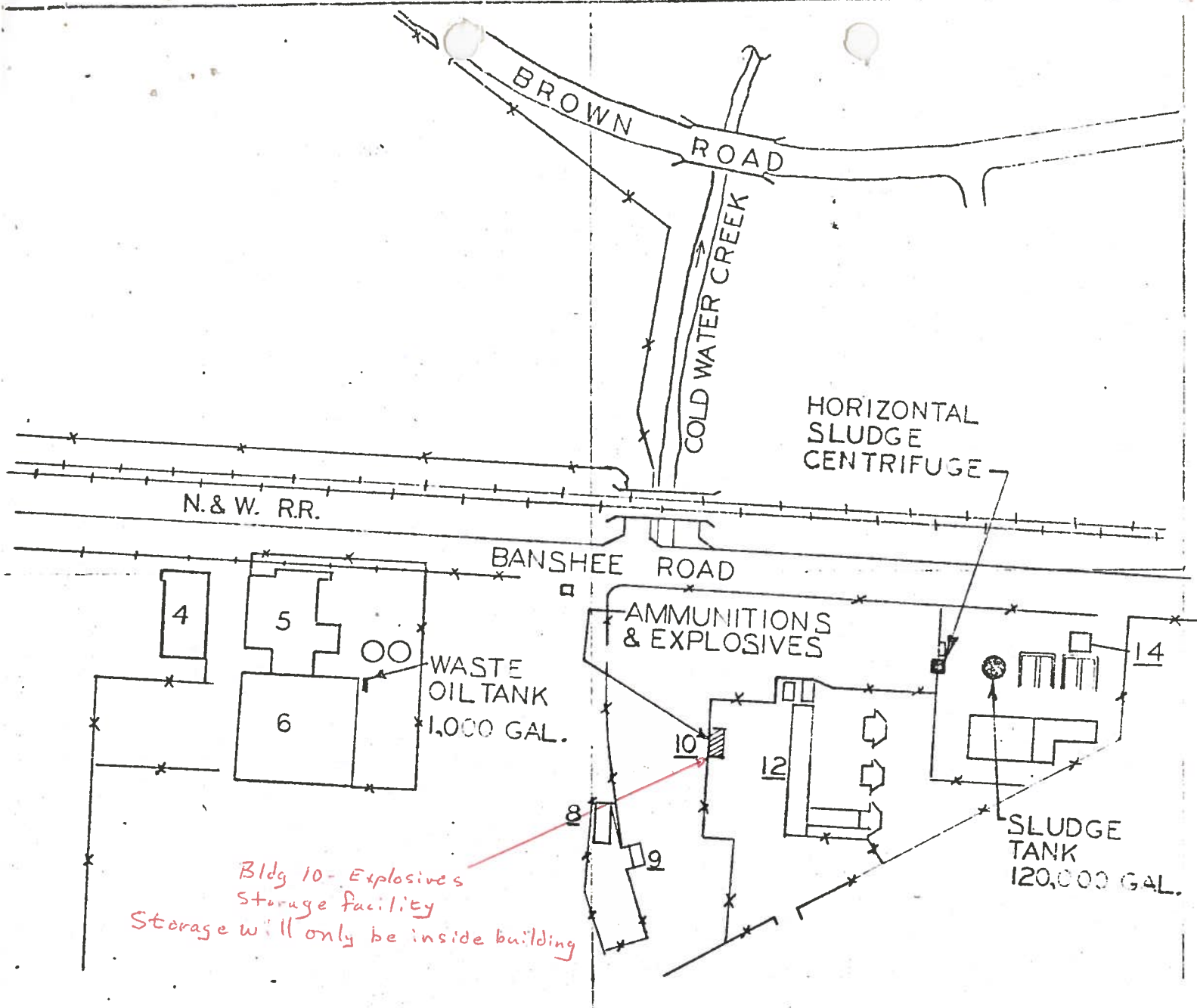
A. NAME (print or type)

B. SIGNATURE


C. DATE SIGNED

SEE ATTACHED DRAWING





V. FACILITY DRAWING

SCALE	1" = 200'	HAZARDOUS WASTES STORAGE AREA <del>M.D.C. BLDG. 6</del> SITE PLAN	P.O. Box 518 Saint Louis, Missouri 63166
DRAWN	D.L.H. 11/14/82		 <b>MCDONNELL DOUGLAS CORPORATION</b>
APPROVED		APPROVED FOR CONSTRUCTION	
APPROVED		BY _____ DATE _____	SKPE 1280
F.O.R.	F.O.		SHEET 3